GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT SUMMARY

COVID-19 Outbreaks

Continued outbreaks in the long-term care setting. Week 52 has reported <u>83</u> outbreaks as 01/05/2022. Please see Figure 1 on page 2 for reference.

Community Transmission

As of 9/10/2021, CDC recommends using its County-Level Community
 Transmission Data Tracker to determine community transmission level:

 <u>https://covid.cdc.gov/covid-data-tracker/#county-view</u>. This transmission tracker includes county-specific transmission indicators, which include **High** (red),

 Substantial (orange), Moderate (yellow) and Low (blue).

COVID-19 Breakthrough Cases

• <u>511</u> resident breakthrough cases reported during the 4-week reporting period ending on January 2, 2022. Breakthrough cases are anticipated as the vaccines do not have 100% efficacy. Generally, most breakthrough cases experience mild to no symptoms.

Proportion Estimates of COVID-19 Variants

 We have included Nowcast data on page 4 and 5 of this report. We encourage facilities to check CDC's website for information about the Delta variant (https://covid.cdc.gov/covid-data-tracker/#variant-proportions).

Resident & Staff COVID-19 Vaccination

• Positive trend for staff vaccination. Vaccination is encouraged to stop the spread and protect against COVID-19. Please see Figures 9 and 10 on page 9.

Resident & Staff COVID-19 Cases and Deaths

- Increase of cases among both residents and staff in the long-term setting.
 - Resident cases (705) have increased by <u>370%</u> (Table 3 and Figure 5 on page 6).
 - Staff cases (1416) have increased by <u>432%</u>. (Table 3 on page 6, and Figure 7 on page 7).

^{*}Data are preliminary as of reported date and are subject to change

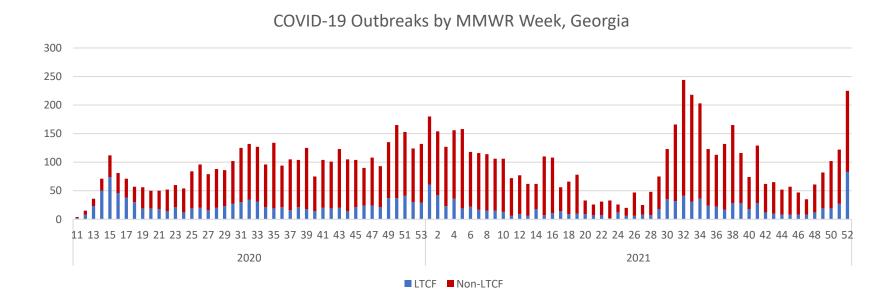
GEORGIA DEPARTMENT OF PUBLIC HEALTH (DPH) LONG-TERM CARE FACILITY (LTCF) COVID-19 WEEKLY REPORT (01/05/2022)

This report provides data and guidance updates for the Georgia Long-Term Care Community. Direct questions to Iman Bogoreh at iman.bogoreh@dph.ga.gov.

COVID-19 Outbreaks

COVID-19 outbreaks are reported to Georgia's State Electronic Notifiable Disease Surveillance System (SendSS) through the Outbreak Management System (OMS). All long-term care outbreaks by week are included in the graph below; the proportion of long-term care facilities include assisted-living facilities, personal care homes (25 beds or greater), and skilled-nursing homes.

Figure 1. COVID-19 Outbreaks



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COVID-19 Community Transmission

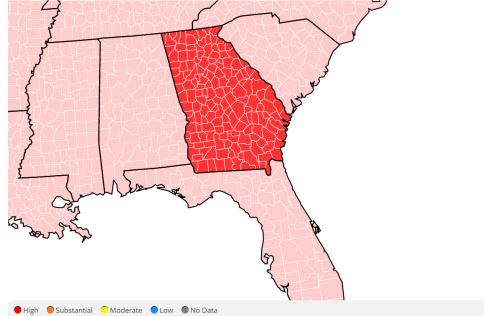
The summary below provides community transmission levels based on data reported to the Centers for Disease Control and Prevention. Case rate is based on data from December 29, 2021 – January 04,2021 and percent positivity is based on data from December 27, 2021 – January 02,2021. Community transmission for the state of Georgia is <u>high</u>.

Summary of Community Level Transmission

Table 1. Community-Level Transmission for the state of Georgia

Cases	132,021
% Positivity	25+%
Case Rate per 100,000	1243.4
Deaths	197
% of Population ≥ 5 Years of Age Fully Vaccinated	54.7%
New Hospital Admission (7-Day Moving Average)	648.57





For a more detailed report on community transmission levels please visit https://covid.cdc.gov/covid-data-tracker/#county-view|Georgia|Risk|community transmission level

COVID-19 Breakthrough Cases

There are <u>511</u> resident COVID-19 breakthrough cases reported to NHSN through a 4-week period ending January 2, 2022. A breakthrough case is defined as COVID-19 case that occurred in a person who has completed vaccination (e.g., 14 days post dose 2 of a two-series vaccine OR 14 days post dose 1 of a one-series vaccine).

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Proportion Estimates of COVID-19 Variants

Proportion estimates of COVID-19 variants are provided to DPH by the Centers for Diseases Control and Prevention (CDC). We have included data for the nation and the Southeast region.

Figure 2. Nationwide Proportion Estimate of Variants



- The Omicron (B.1.1.529) variant predominates the nation. Nationwide, the CDC predicts that the Omicron variant accounts for 95.4% of all SARS-CoV-2 lineages circulating for the one-week period ending on 01/01/2022.
- DPH encourages vaccination of individuals aged 5 and up to protect against COVID-19.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html

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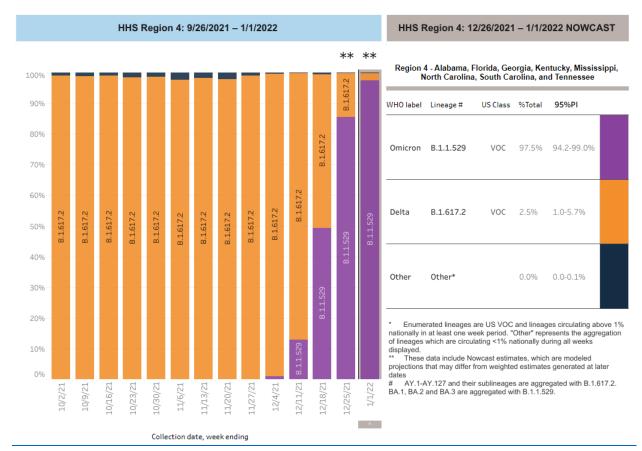


Figure 3. Southeast Region Proportion Estimate of Variants

 In the Southeast region, the CDC predicts that the Omicron variant (B.1.1.529) accounts for 97.5% of SARS-CoV-2 lineages circulating for the one-week period ending on 01/01/2022.

The following link provides attributes of the variants mentioned in the graph above, including transmission and susceptibility to vaccines, monoclonal antibodies, and convalescent sera: https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html

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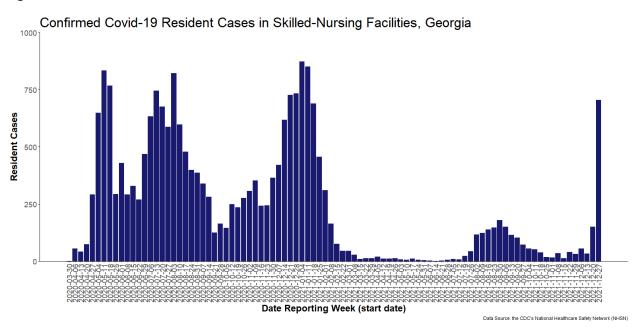
Resident and Staff COVID-19 Cases and Deaths in Skilled-Nursing Facilities

Resident and staff case and death counts are gathered from the CDC's National Healthcare Safety Network (NHSN). All 365 skilled-nursing facilities in Georgia are required by the Centers for Medicare & Medicaid Services (CMS) to report case and death counts to NHSN. A confirmed COVID-19 case is defined as a resident or staff newly positive for COVID-19 based on a viral test result. The test result may be from a NAAT/PCR or an antigen test. A COVID-19 death is defined as a resident or staff who died from SARS-CoV-2 (COVID-19) related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, in which the resident with COVID-19 was transferred to receive treatment. Data is presented for the 7-day period with the week start date.

Table 2. Summary of NHSN Case and Death Counts

	Two Weeks Ago (Dec 13 – Dec 19, 2021)	Previous Week (Dec 20 – Dec 26, 2021)	Current Week (Dec 27, 2021 – Jan 2, 2022)	Cumulative data since March 02, 2020
No. of Resident COVID-19 cases	33	150	705	22,102
No. of Resident COVID-19 deaths	5	4	6	3,618
No. of Staff COVID-19 cases	41	266	1,416	17,842
No. of Staff COVID-19 deaths	0	0	0	62

Figure 4. Resident COVID-19 Cases



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Figure 5. Resident COVID-19 Deaths

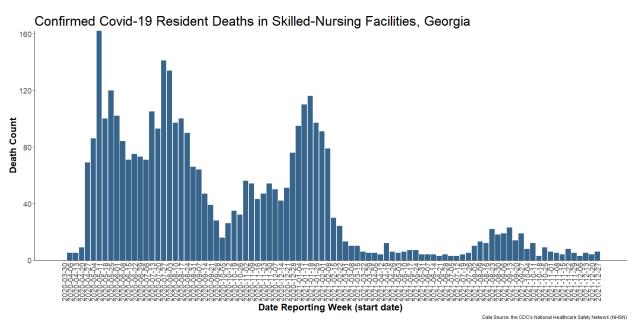
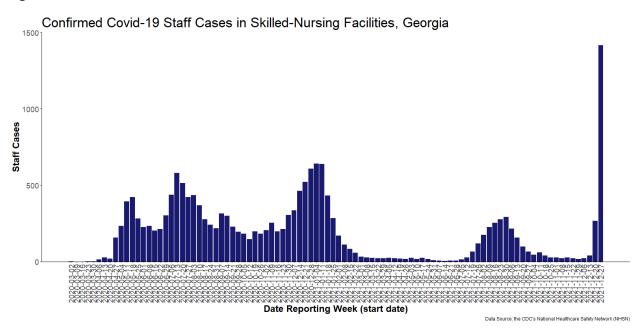
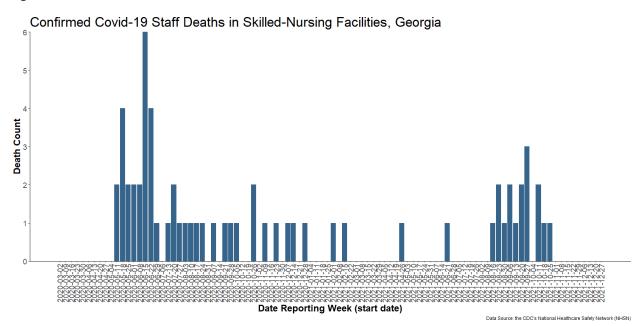


Figure 6. Staff COVID-19 Cases



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Figure 7. Staff COVID-19 Deaths



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Percentage of Residents and Staff Vaccinated in Skilled Nursing Facilities

The data below summarizes the percentage of residents and staff vaccinated for COVID-19 in skilled-nursing facilities. Partial vaccination rate includes resident or staff that have only received dose 1 of a two-dose series (i.e., Pfizer or Moderna). Complete vaccination rate includes resident or staff that have received dose 1 AND dose 2 of a two-dose series and a dose of a one-dose series (i.e., Janssen).

Figure 8. Vaccination Coverage among Residents

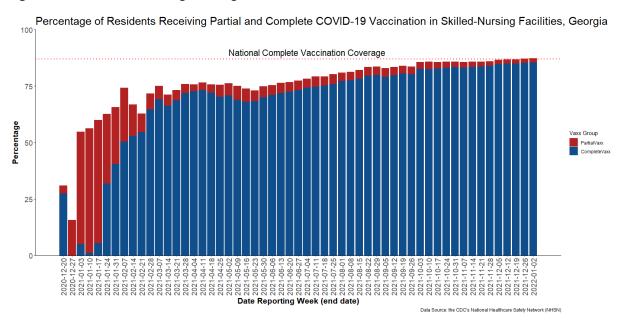
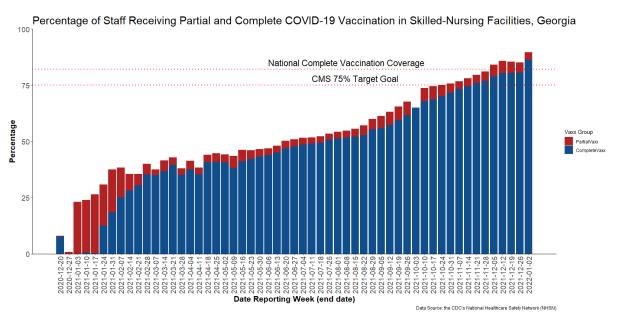


Figure 9. Vaccination Coverage among Staff



To view a list of vaccination rates for all US nursing homes, go to: https://data.cms.gov/covid-19/covid-19/covid-19-nursing-home-data

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Figure 10. Percentage of Residents with a Booster Dose

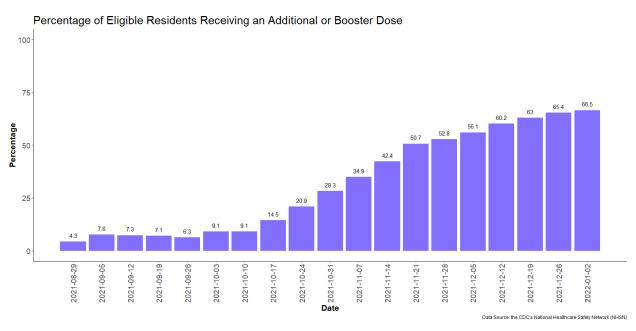
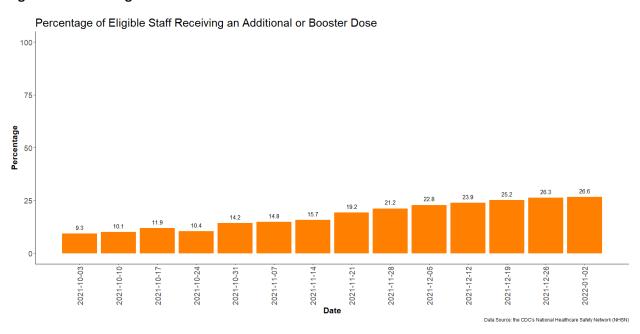


Figure 11. Percentage of Staff with a Booster Dose



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Treatment Options for COVID-19 in High-risk, Non-hospitalized Patients

Oral antivirals

Two oral antivirals, <u>Paxlovid</u> (ritonavir-boosted nirmatrelvir) and <u>molnupiravir</u>, have been approved under EUA to be taken twice daily for five days and must be started within 5 days of symptom onset to be effective. Georgia received a small allocation of the oral antivirals, and initial distribution was made to select Walmart, Walgreens, and Good Neighbor Pharmacy stores. As allocations increase of both products, an ordering process will be made available to our COVID-19 therapeutics partners interested in ordering and dispensing these products.

EUA Paxlovid: https://www.fda.gov/media/155050/download

EUA molnupiravir: https://www.merck.com/eua/molnupiravir-hcp-fact-sheet.pdf

Monoclonal antibodies

While vaccines are the most effective intervention against COVID-19, monoclonal antibodies (mAb) should be considered during COVID-19 outbreaks or confirmed resident or staff exposures. For assessing staff exposure, review the CDC guidance at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

Currently, three mAb products have received EUA approval for the treatment of mild to moderate COVID-19 in non-hospitalized patients with laboratory confirmed COVID-19 who are at high risk for progressing to severe disease and/or hospitalization. Two of the three mAb (REGEN-COV & Bamlanivimab/Etesevimab) are approved for post-exposure prophylaxis (PEP). When supplies are limited and patients must be triaged, the NIH on 12/23/21 recommended prioritizing treatment of COVID-19 over PEP. Refer to NIH COVID-19 Treatment Guidelines at https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/.

We recommend all long-term care facilities (LTCFs) ensure they have access to mAb.To support having this therapeutic option at your facility, discuss with your medical director, contact your local hospital/health system to ask if they provide mAb therapies and how candidates can access the treatment, and discuss with your pharmacy vendor.

Visit https://combatcovid.hhs.gov/hcp/resources-clinicians for mAb EUA Fact Sheets, NIH Treatment Guidelines, ordering, administering, billing, and reporting.

For facilities able to administer mAb on site: Effective 9/17/2021, Georgia receives the state's allocation numbers from the Department of Health and Human Services (HHS) every Tuesday afternoon. Providers must submit their requests by 12 PM on Wednesdays through https://ga.readyop.com/fs/59Dp/dfe9. As of 12/31/21, providers can continue to order REGEN-COV (Casirivimab with Imdevimab) and Bamlanivimab/Etesevimab although they are not expected to be effective against the Omicron variant. Providers should review the prevalence of the Omicron variant in their region using CDC NOWCAST data found at

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https://covid.cdc.gov/covid-data-tracker/#variant-proportions. Sotrovimab is expected to retain activity against the Omicron variant and is available in limited supply.

For LTCFs that wish to have on-site support for mAb treatment for residents: We refer to the Special Projects for Equitable and Efficient Distribution (SPEED) program. Partners have been enlisted to help order, deliver, and even administer mAb.

The National Home Infusion Association (NHIA) can provide mAbs and staffing to administer mAb infusions; for more information, visit the NHIA health department page which includes provider-finder tools. For questions about the SPEED program, please email COVID19therapeutics@hhs.gov.

The American Society of Consultant Pharmacists (ASCP) works with long-term care pharmacies which can help LTCFs with ordering mAbs and supplies and is a good option for LTCFs that wish to manage infusion administration on their own; more info here: https://www.ascp.com/page/mab.

Remdesivir

Remdesivir is approved for hospitalized patients with COVID-19. A recent study showed that Remdesivir given within seven days of symptom onset intravenously x 3 days reduced the risk of hospitalization similar to mAb.

Gottlieb RL, Vaca CE, Paredes R, et al. Early remdesivir to prevent progression to severe COVID-19 in outpatients. N Engl J Med. 2021. Available at: https://www.nejm.org/doi/full/10.1056/NEJMoa2116846.

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Guidance Updates

On December 27, 2021, CDC updated isolation and quarantine guidance for the community.

CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population | CDC Online Newsroom | CDC

These updates are not intended to apply to healthcare settings. CDC's recommendations for healthcare personnel remain what are posted in the following guidance document, which were updated on December 23, 2021. An infographic included on these pages summarizes the key recommendations for work restriction for healthcare personnel with SARS-CoV-2 infection or with exposure to someone with SARS-CoV-2 infection.

<u>Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC</u>

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC

In the coming days, the CDC will be updating other healthcare infection prevention and control guidance to more closely align with the changes made for healthcare personnel. Until those updates are made on the CDC website, the currently posted guidance (at the following links) reflects the current recommendations regarding duration of isolation and quarantine for patients and residents.

Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

<u>Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC</u>

Additionally, OSHA has issued a statement on the status of their Healthcare Emergency Temporary Standard, which can be accessed here:

COVID-19 Healthcare ETS | Occupational Safety and Health Administration (osha.gov)

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Booster Vaccination for LTCF Residents and LTCF Staff

See CDC currents recommendations regarding booster doses: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

Additional Vaccination Resources

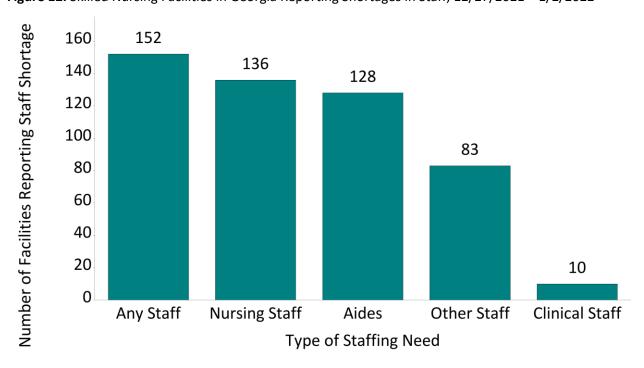
- Updated CDC recommendations regarding COVID-19 vaccines:
 https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#overview-covid19-vax-recommendations
- Georgia Long-Term Care Facilities requesting DPH assistance with booster doses, need to complete this survey: https://www.surveymonkey.com/r/LTCBoosterPlan. Additional questions regarding DPH vaccine support can be sent to: DPH-COVID19Vaccine@dph.ga.gov.

Reported Staff Shortages in Skilled Nursing Facilities

In NHSN, skilled nursing homes can report additional data on resource needs. The data below summarizes staffing shortages. Definitions for the categories are below.

- Aides: certified nursing assistants, nurse aide, medication aide, or medication technician
- Nursing staff: registered nurse, licensed practical nurse, or vocational nurse
- Clinical staff: physician, physician assistant, or advanced practice nurse
- Other staff: these personnel may include, but are not limited to, environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

Figure 12. Skilled Nursing Facilities in Georgia Reporting Shortages in Staff, 12/27/2021 – 1/2/2022



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Resources for NHSN Vaccination Reporting

We want to ensure that all skilled-nursing facilities are confident in reporting data to the National Healthcare Safety Network (NHSN) for the COVID-19 Vaccination module.

- Data entered the COVID-19 Vaccination module is <u>cumulative</u>! The numbers entered in for the reporting week should be the total sum for that week.
 - If you have 100 residents during the week of June 14, 2021 June 20, 2021, the sum for all categories (e.g., Complete Vaccination, Partial Vaccination, Medical Contraindication, Offered but Declined, and Unknown Vaccination Status) should equal the total number of residents for that week. This is the same scenario for healthcare personnel.
- The CDC provides tracking worksheets to assist with data entry! If all the columns are filled out
 correctly the data will auto populate into the summary tab, so data entry will be more efficient.
 - The tracking worksheet for both residents and healthcare personnel can be found at the following link in the Supporting Materials section: https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html
 - Reference guide on how to use the vaccination tracking sheet: https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/tracking-worksheet-qrg-508.pdf
- Additional Resources
 - Data entry guidance: https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/data-entry-508.pdf
 - YouTube video explaining the weekly COVID-19 vaccination reporting (28 minutes):
 https://www.youtube.com/watch?v=n5JTZslaLKk
 - PowerPoint presentation to go along with YouTube video:
 https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/weekly-covid-reporting-508.pdf
 - Alliant Health Quality provides additional NHSN training resources. Below are a few of the previous SHOP Talk webinars.
 - September 2021 SHOP Talk NHSN Updates
 - VIDEO Recording | Slides
 - October 2021 SHOP Talk COVID-19 Data Submission
 - VIDEO Recording | Slides
 - November 2021 SHOP Talk COVID-19 NHSN Updates
 - VIDEO Recording | Slides

Alliant NHSH contacts for assistance Marilee H. Johnson, MBA, MT (ASCP)
Technical Advisor, Infection Prevention
Marilee.Johnson@AlliantHealth.org|919.695.8331

Amy Ward, MS, BSN, RN, CIC Infection Prevention Specialist Amy.Ward@AlliantHealth.org | 678.527.3653

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Long-Term Care Facility (LTCF) Updates

The Healthcare Associated Infections team is currently working to update the long-term care facility administrative order. The current administrative order can be found on DPH's website (https://dph.georgia.gov/administrative-orders).

Infection Prevention

The Department of Public Health Infection Preventionist teams are available for Administrative order review, outbreak assistance for COVID and other infections that require infection control measures. This team is also available to review policies and procedures related to infection prevention.

Table 4. IP Contacts

State Region/Districts	Resource	Contact Information	
North (Rome, Dalton,			
Gainesville, Athens)		Sue.Bunnell@dph.ga.gov (404-967-0582)	
Districts 1-1, 1-2, 2, 10	Sue Bunnell and Mary Whitaker	Mary.Whitaker@dph.ga.gov (404-967-0578)	
Atlanta Metro (Cobb-Douglas,			
Fulton, Clayton, Lawrenceville, DeKalb,		Teresa.Fox@dph.ga.gov (404-596-1910)	
LaGrange)		Cyndra.Bystrom@dph.ga.gov	
Districts 3-1, 3-2, 3-3, 3-4, 3-5,	Teresa Fox, Cyndra	Renee.Miller@dph.ga.gov (678- 357-4794)	
4	Bystrom, and Renee Miller		
Central (Dublin, Macon, Augusta)			
Southwest (Columbus)	Theresa Metro-Lewis and	Theresa.Metro-Lewis@dph.ga.gov (404-967-0589);	
Districts 5-1, 5-2, 6, 7	Karen Williams	Karen.Williams13@dph.ga.gov (404-596-1732)	
Southeast (Valdosta, Albany)			
Districts 8-1, 8-2	Connie Stanfill	Connie.Stanfill1@dph.ga.gov (404-596-1940)	
Southwest (Savannah, Waycross)			
Districts 9-1, 9-2	Regina Howard	Regina.Howard@dph.ga.gov (404 967-0574)	
	Jeanne Negley and	Jeanne.Negley@dph.ga.gov (404-657-2593);	
Backup/Nights/Weekends	JoAnna Wagner	Joanna.Wagner@dph.ga.gov (404-430-6316)	

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